



## **Maryland Child Abuse Medical Professionals (CHAMP)**

### **2012 Annual Report**

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## BACKGROUND

In 2005, the Maryland legislature approved House Bill 1341 “*Public Health – Child Abuse and Neglect Centers of Excellence Initiative*.” This authorized the Maryland Department of Health and Mental Hygiene to help develop a network of physicians expert in the area of child abuse and neglect in Maryland. The initial priority was to help underserved counties have expert medical consultation to assist in the evaluation, treatment and prevention of child maltreatment. A three-year contract was awarded, starting on 9/15/06, to the University of Maryland School of Medicine to lead this initiative. The Initiative was renamed Maryland CHAMP in 2008 when 13-2201-2206, Annotated Code of Maryland was amended. This contract was renewed for another 3 years starting on 7/1/09.

## CHAMP GOALS

The goals have evolved since the initiation of CHAMP. These are:

1. To ensure an optimal medical response to children in Maryland suspected of having been abused or neglected, and their families.
2. To develop a statewide network of physicians and forensic nurse examiners – pediatrics (FNE-Ps), to provide a variety of services regarding child maltreatment. In addition to training new physicians as experts in the field of child maltreatment, we wish to include in the network other physicians and nurses who have been active in this field.
3. To collaborate with those in other disciplines and agencies, particularly child advocacy centers (CACs).
4. To build efforts by pediatric health care providers regarding the prevention of child maltreatment.
5. To train related professionals in optimally recognizing and responding to suspected child maltreatment.

## GOVERNANCE

The project is orchestrated by the University of Maryland School of Medicine, specifically the Division of Child Protection within the Department of Pediatrics. The program director, Howard Dubowitz, MD, MS is Head of the Division of Child Protection. The program’s administrative assistant is within the Division, committing partial time to the project. CHAMP also has a program manager, Leslie Fitzpatrick, LCSW-C, who coordinates the project. Financial management is handled by the administration in the School of Medicine, Department of Pediatrics at University of Maryland, Baltimore.

The project also has a core faculty of 5 other pediatricians and one forensic nurse examiner, all experts in child abuse and neglect. These are: Mesa Baker, MD (Baltimore City), Mitchell Goldstein, MD, MBA (Baltimore City), Scott Krugman, MD, MS (Baltimore County), Wendy Lane, MD, MPH (Baltimore City and Howard County), Charles Shubin, MD (Baltimore City), and Pamela Holtzinger, RN, FNE-A/P (Frederick and Washington Counties). The faculty helps develop and implement CHAMP.

## PROGRAM STRUCTURE

The CHAMP director and faculty, with support from the program manager, are responsible for developing and leading the program. This includes:

- Providing a vision for CHAMP and developing strategies for achieving its goals
- Developing and providing initial and ongoing training of physicians

- Recruiting, training, and maintaining physicians
- Recruiting, training and maintaining forensic nurse examiners – pediatrics (FNE-Ps)
- Providing peer review for network participants (via TeleCAM)
- Ensuring CQI and high quality work
- Evaluating the program
- Developing policies and practice guidelines to improve the systems' response to children and families with concerns of possible abuse or neglect
- Providing expert medical consultation when child maltreatment concerns arise
- Collaborating with the Maryland DHMH, including inviting Ms. Joan Patterson, LCSW-C of DHMH to training sessions

In addition, much work is done through monthly faculty meetings (minimum of two hours) as well as electronic and phone communications.

## **ACHIEVEMENTS: 7/1/11-6/30/12**

### **Program Development**

- Drs. Wehberg, Haworth and Porter continue to work within their jurisdictions to offer child maltreatment consultation. They have established themselves as the local child maltreatment medical experts within their communities and participate as members of multidisciplinary teams, providing a multitude of consultation services within their regions. These three physicians are extremely committed to this effort. We reach out to these physicians periodically to check in and provide support. In addition, we offer meetings with them three times a year, prior to the CHAMP trainings. They are funded by CHAMP; we refer to them as CHAMP practitioners. Their individual annual reports are included toward the end of this report.
- We have engaged 9 physicians as network participants. All have been working part-time in the child abuse field and participate in our regular training sessions: Drs. Paul Lomonico (Harford), Dianna Abney (Charles and St. Mary's), Evelyn Shukat (Montgomery), Fayette Engstrom and Kevin Karpowicz (Talbot), Karla Paylor (Frederick County), Cynthia Rolden (Carroll), Mark Melzer (Baltimore County) and Steven Breslow (Cecil County). These physicians are not funded by CHAMP; we refer to them as physicians in the CHAMP network.
- Three of the physicians in the CHAMP network received intensive training with the CHAMP faculty during this program year. The minimum training requirement was six days of training, although all have chosen to expand their time spent with faculty as they grow their knowledge base and skill set in this critical area. Two of these physicians, Dr. Melzer and Dr. Breslow, were new consultants to their counties as of this year.
- CHAMP Trainings, occurring three times annually, continue to provide a rich learning environment for participants. Total participation grew significantly over last year's number of participants. Topics covered included Talking with Kids, Forensic Interviews, Fractures and Sexually Transmitted Infections; agendas found in the appendices to this report. We also focus on case reviews during each training.
- Nurse participation in the CHAMP network continues to grow. Feedback from nurses continues to be extremely positive, with continual feedback regarding the usefulness and applicability of what they are learning in their trainings. In addition, the collaboration and joint learning amongst

physicians and forensic nurses appears to be a strong and important component of the overall training experience.

- TeleCAM continues to be a valuable resource for CHAMP network members. We have added several new users, as well as engaged some who hadn't used it as frequently. Feedback received indicates TeleCAM is a critical resource for physicians and forensic nurses statewide.
- The CHAMP Website launched this year and quickly became a valuable resource for professionals in this field, as well as parents seeking related resources. During this year, we experienced over 28,000 visits to our website, with over 56,000 pages visited and over 360,000 hits. The most popular resources accessed seem to be the news forum page, the secure area of the site for network members, information about CHAMP, as well as resources for parents and for professionals. Updates to the website are ongoing. We will continue to develop this as a useful and current resource.
- CHAMP faculty provide training at the Child Welfare Academy at the University of Maryland School of Social Work multiple times throughout the year. Through this exciting opportunity, faculty connect directly with social services workers from across the state, providing a rich environment for learning. Training topics include: introductions to physical abuse, sexual abuse and neglect, advanced topics in physical abuse, failure to thrive, medical child abuse, sexually transmitted infections, drug exposed newborns and children, healthcare needs of foster youth and the medical home.
- CHAMP faculty updated the presentation for primary care practitioners regarding recognizing and responding to suspected child maltreatment. CHAMP faculty trained CHAMP practitioners to train others in their county. Several CHAMP physicians provided this training during this year.
- Collaboration with the Maryland Children's Alliance continued during this year. CHAMP Faculty and one CHAMP practitioner presented a full day of training at the MCA Annual Conference on Child Abuse in October. In addition, CHAMP also facilitated the provision of CMEs for the medical professionals who attended the conference. Training topics included basic understanding of sexual abuse, physical abuse, neglect, medical terminology, advanced head trauma and advanced issues in sexual abuse. Plans are underway for CHAMP faculty to again present at the MCA conference in October 2012.
- At the start of this year, CHAMP's program manager completed a statewide needs assessment, having spoken with CPS directors and supervisors, detectives in law enforcement, state's attorneys as well as CAC directors, health department representatives, and local medical experts. CHAMP was able to learn about the medical resources available for children suspected of having been maltreated. We learned about strengths in each jurisdiction, as well as challenges as teams work to provide best care for children in their jurisdictions. The process of completing the needs assessment facilitated the building of relationships between CHAMP and critical related professionals in every county in Maryland. This allowed us to share about CHAMP as a resource and lay the foundation for providing support and connection to resources in the future, as needed. Reception was extremely positive and we have critical information about each county's process, needs and strengths. The Executive Summary of the needs assessment findings is found in the appendices to this report.

- Professionals around the state are better able to access CHAMP professionals. Moreover, professionals regularly contact the CHAMP Program Manager for support and resource connection. This is a critical role.
- The Healthy Tomorrows project, the Baltimore Citywide Child Protection Team, continues to progress. The CHAMP program manager participates in the bi-monthly multidisciplinary team meetings (MDTs) to review cases of suspected maltreatment. The CHAMP program manager follows up on recommendations as well as connects with primary care physicians to ensure they are aware that their patients have been seen medically. Over 330 children's cases were reviewed by a medical expert and a MDT within the first year of the project.
- During this year, trainings commenced for Maryland law enforcement on child maltreatment issues. The Governor's Office of Crime Control and Prevention funded this project under sub-award number CJAC 2011-1004. Drs. Dubowitz and Goldstein and Leslie Fitzpatrick, LCSW-C developed a curriculum and have been presenting it to law enforcement across the state of Maryland in support of front line officers' optimal recognition of and response to suspected child maltreatment.
- During this year, CHAMP faculty updated the Child Maltreatment Referral Guidelines for when to refer a child for a child maltreatment medical evaluation. In addition, in response to a request to provide shortened guidelines for referring children for a child maltreatment evaluation, CHAMP faculty created abridged guidelines, for use by CPS, law enforcement and other professionals. Both sets of guidelines have been disseminated to law enforcement and CPS and are available on CHAMP's website. The abridged guidelines are found in the appendices to this report.
- During this year, the CHAMP program manager presented at the State Fatality Review Board meeting and at a forensic nurse training regarding CHAMP. The program manager has been in frequent email and phone contact with professionals around the state, connecting them with resources, as needed. We also submitted information about CHAMP for the Maryland American Academy of Pediatrics Spring newsletter (found on pages 6-7 of the newsletter). The newsletter can be found as an attachment to this report. Howard Dubowitz, MD, MS presented on CHAMP at the national meeting of the Helfer Society, an international group of physicians working in the child maltreatment field.
- All participants in the CHAMP network have been offered:
  - Consultation via TeleCAM
  - The CHAMP Handbook
  - Access to the CHAMP website
  - Half-day trainings, three times a year (in person or via webinar)
  - Ongoing access to CHAMP faculty for consultation
  - Support and connection to resources through CHAMP program manager
  - Paid subscription to the Quarterly, a review of the medical literature on child maltreatment (physicians only)

## **Training**

We held 3 half-day training sessions at the University of Maryland School of Medicine on 10/13/11, 2/09/12 and 6/14/12 – attended by 28, 40 and 38 participants, respectively. Participation increased by 17% over last year. Trainings were very well received.

When participants were asked about program strengths, feedback included comments such as: *physicians/nurses working together, the wealth of knowledge in the room, knowledgeable faculty, I see mostly sexual abuse/assault...this is good information if I suspect physical abuse and/or emotional abuse...* When participants were asked what, if any, changes they'd make in their practice as a result of the training(s), some answered: *spend more time reaching out to local pediatricians, asking better age-appropriate questions, ...educate my staff {on program content}*, as well as many comments on procedural changes for how cases are handled. Other comments received were: *I am more confident in my clinical judgment. The trainings are infinitely useful and I make attending them a priority...I love the programs and always come out with new and usable knowledge...* we receive many comments regarding the vast information provided as well as the atmosphere supporting free exchange of information amongst different professionals.

Another strength of the trainings has been providing the trainings via webinar. This has supported professionals participating in the trainings even when unable to attend in person. Professionals are able to see and hear the presentation in real time and interact with the group via emailing in questions or comments that are then immediately shared with the rest of the participants. We have received extremely positive feedback about this resource.

We also provided an orientation session to TeleCAM immediately prior to the October training.

In addition, we met with the CHAMP practitioners to discuss “systems” issues in the mornings prior to the trainings.

Ongoing training also occurs via case consultation, TeleCAM reviews, email dialogue and intermittent conversations on systems issues.

Training agendas are in the Appendix to this report.

### **Statewide Program Support/Implementation**

All CHAMP physicians and FNE-Ps have a roster of faculty on call. We provide 24/7 coverage and consultation. Examiners are encouraged to post information on cases onto a secure website (“TeleCAM”), accessible to reviewers who can quickly provide feedback. Several reviewers can comment and the primary examiner can engage in a “discussion thread” that allows for an ongoing on-line conversation. training. Supervision of newly recruited physicians is done via posting cases and images on TeleCAM, with at least two faculty members reviewing each case. We encourage use of this resource to all physicians and nurses participating in the CHAMP network, as part of CQI. Incorporating the TeleCAM resource into our work has provided Maryland child maltreatment medical professionals with crucial support. We continually discuss TeleCAM as a resource at each CHAMP

### **PROPOSED PLANS FOR THE COMING YEAR**

CHAMP has continued to grow and progress. The program continues to build upon CHAMP’s solid foundation.

Plans for the upcoming year include:

- Continue to support and nurture the programs in Allegany, Wicomico and Garrett Counties

- Continue to develop the CHAMP network, including other physicians and forensic nurse examiners – pediatrics (FNE-Ps)
- Support efforts to have CHAMP physicians visit primary care practices in their county to help raise awareness of child maltreatment and explain demystify the reporting process to child protective services
- Collaborate with the Maryland Children’s Alliance in providing training at their annual conference
- Expand TeleCAM participation
- Provide ongoing training to statewide DSS workers via the Child Welfare Academy
- Organize three half-day trainings for CHAMP network participants
- Offer all CHAMP trainings via webinar for offsite participation
- Consider how we might restructure the CHAMP program and use of funds
- Work on improving statewide payment structure for medical professionals
- Continue collaborating with state/local partners

## **Maryland Child Abuse Medical Providers (CHAMP)**

### **2012 Annual Report – Appendices**

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## **Appendix A: Maryland CHAMP Training Sessions' Agendas**

### **October 13, 2011**

11:00 – 12:30	TeleCAM Training—Pamela Holtzinger, RN, FNE-A/P
12:30 – 1:00	Lunch
1:00 – 2:00	Talking with Kids—Leslie Fitzpatrick, LCSW-C
2:00 – 3:00	Interviewing Children—Dr. Kerry Hannan
3:00 – 3:15	Break
3:15 – 3:30	TeleCAM—Dr. Scott Krugman
3:30 – 5:00	Case reviews—Dr. Scott Krugman

### **February 9, 2012**

12:30 – 1:00	Lunch/Welcome - Dr. Howard Dubowitz
1:00 – 3:00	Focus on Fractures - Dr. Mitchell Goldstein
3:00 – 3:15	Break
3:15 – 3:30	Reaching out to Primary Care - Dr. Howard Dubowitz
3:30 – 4:45	Case Reviews - Dr. Mesa Baker
4:45 – 5:00	CHAMP Website - Ms. Leslie Fitzpatrick, LCSW-C

### **June 14, 2012**

12:30 – 1:00	Lunch/Welcome - Dr. Howard Dubowitz
1:00 – 3:00	Sexually Transmitted Infections - Dr. Mesa Baker
3:00 – 3:15	Break
3:15 – 3:30	Current field related topics- Dr. Howard Dubowitz
3:30 – 5:00	Case Reviews - Dr. Scott Krugman

## APPENDIX B: Annual Reports from CHAMP Practitioners



**ANNUAL REPORT: 7/1/11 - 6/30/12**

**CHAMP PHYSICIAN:** Jennifer Wehberg, MD

**COUNTIES SERVED:** Wicomico, Worcester, Somerset

<b>PROGRAM DEMOGRAPHICS:</b>	<b>Annual Total</b>
<b>No. of children seen for sexual abuse</b>	23
<b>No. of children seen for physical abuse</b>	8
<b>No. of other consultations</b>	15
<b>Neglect</b>	2
<b>Pornography</b>	3
<b>Case review</b>	8
<b>Other consultations</b>	2
<b>Court appearances</b>	2
<b>Meeting with State's Attorney</b>	1

- Worcester cases: 3
- Somerset: 1
- All others Wicomico

### **PROGRAM CHANGES**

- No changes

### **TRAINING**

- Attend University of Maryland quarterly trainings
- Use TeleCAM to get input from cases

### **PROGRAM STRENGTHS**

- TeleCAM
- Excellent training
- Feel supported in decision making and training

### **PROGRAM CHALLENGES**

Working with SAFE nurses at the hospital; discrepancies in interpretation of exams

### **PLANS FOR THE COMING YEAR**

- Continue to offer services
- Would like to see Worcester and Somerset utilize services more
- Attend more training



**ANNUAL REPORT: 7/1/11 - 6/30/12**

**CHAMP PHYSICIAN:** Dr. Allen Haworth

**COUNTY SERVED:** Allegany

<b>PROGRAM DEMOGRAPHICS:</b>	<b>Annual Total</b>
<b>No. of children seen for sexual abuse</b>	9
<b>No. of children seen for physical abuse</b>	6
<b>No. of other consultations</b>	0

**PROGRAM CHANGES**

Number of consultations is a little lower this year than last; down from 18 to 15. We still do not have what would qualify as an MDT meeting, although I do attend monthly Sexual Abuse Response Team (SART) meetings which includes adult sexual assaults which typically dominates these meetings.

I also continue to attend monthly meetings of the Allegany County Child Abuse Task Force which gets a little money from the county and is responsible for a body awareness program presented to elementary school children in the county.

We will occasionally have a case report from CPS on interesting or sometimes perplexing cases they have. Neither of these are very effective as an MDT meeting for the county. I see this as a major need in Allegany County.

**TRAINING**

- I have given a CHAMP talk to our ER physicians group
- I attended the Maryland Conference on Child Abuse in Ocean City in October and another conference on Child abuse in Hagerstown.

**PROGRAM STRENGTHS**

We now have a fairly new Director of our CAC. She is only part time but so far I feel is doing a good job.

**PROGRAM CHALLENGES**

I feel that DSS is not sending referrals for medical exams on children that probably should be seen by me at the CAC, per our CHAMP guidelines. There is this persistent idea that we should not put children through such an exam. I think that they feel that because most of our exams are normal and no positive findings that they are not helpful. I have talked with case workers and they really offer no explanation. I think the problem may be with supervisors who make decisions on who is to be seen at the CAC for

medical exams. Cases are not discussed in any MDT meetings to see if a group from all fields involved has any ideas or suggestions. I think the supervisors now consider our SART meeting to be functioning as an MDT meeting. Only one social worker and our patient advocate from DSS are on that team, and police are on it but rarely show up. I am not sure what I am able to do to get this going.

### **PLANS FOR THE COMING YEAR**

I would like to see an official MDT meeting established. I don't think any plans for this are being made.

We have to relocate our CAC which is going to be a major challenge since no one knows where the money is to come from for this. We have been using space owned by our local hospital free of charge but this arrangement is being terminated since the building is to be torn down.



**ANNUAL REPORT: 7/1/11 - 6/30/12**

**CHAMP PHYSICIAN:** Richard Porter, DO

**COUNTY SERVED:** Garrett County

<b>PROGRAM DEMOGRAPHICS:</b>	<b>Annual Total</b>
<b>No. of children seen for sexual abuse</b>	3
<b>No. of children seen for physical abuse</b>	2
<b>No. of other consultations</b>	1

**PROGRAM CHANGES**

I had to purchase a new computer and, in the transition, lost my old reports and have been working with my local computer tech team. I am looking forward for this year to be better from a technological stand point. The sad thing about this year is that we are losing our only forensic nurse examiner; because of work changes through the health department, the overwhelming stress of being on call 24/7, and not being able to get enough exams in our county to maintain her licenses, she has withdrawn.

**TRAINING**

I have gone to the CHAMP training programs or watched them online. I have given one lecture on child maltreatment to the medical staff at the hospital.

**PROGRAM STRENGTHS**

I work really well with the whole CAC team.

**PROGRAM CHALLENGES**

It is difficult because we don't have a centralized location, mostly because we are so small and have limited funding. It is very hard to maintain a FNE because the numbers are low.

**PLANS FOR THE COMING YEAR**

I would like to give another lecture to the medical staff. I would like to find out a way to get to another conference on child abuse. I went to one in January, 2011 and it was really good. I would like to find a way to give a lecture to the community on CPS and child abuse and resources if you, as a parent, is feeling overwhelmed.



# Maryland CHAMP

Maryland Child Abuse Medical Professionals

## Child Maltreatment Medical Consultation – Abridged Referral Guidelines

These guidelines are intended to assist in deciding when to seek medical consultation for suspected child abuse and neglect. They serve only as guidelines and careful judgment is needed in every situation.

### SEXUAL ABUSE/ASSAULT

**If there is suspicion that a child has been sexually abused or assaulted with direct physical contact, an evaluation by a child abuse medical specialist is recommended.**

**Urgent evaluations:** In the following situations, the child should be evaluated **immediately**.

- The last suspected abuse or assault occurred recently (within past 72 hours for children under age 13 or within past 120 hours for those age 13 and over)
- The child is reporting genital/anal pain or bleeding
- The child is exhibiting significant mental health concerns (e.g., self-harm, suicidal behavior)

The urgent medical evaluation should include consideration of the possible need to gather forensic evidence. The evaluation should be done at the closest center with experience in evaluating acutely (or recently) sexually abused/assaulted children.

**Non-urgent evaluations:** outside of the above time frames or serious conditions, evaluations should occur at the most experienced, child friendly environment within the community. Typically, this is the local child advocacy center. The timing for these evaluations should be the next available appointment.

Sexual abuse/assault evaluation center locations can be found at: <http://mdchamp.org/resources/locating-champ-providers>.

### PHYSICAL ABUSE

A child's medical and mental health status, aside from possible forensic concerns, may require an immediate medical evaluation. In addition, there may be forensic reasons to gather evidence as soon as possible.

**Urgent evaluations:** In the following situations, the child should be evaluated **immediately**.

Any indication of physical injury and suspected child abuse should be evaluated **immediately** at the nearest emergency department. Below is a partial list of such conditions:

- Any sign of a possible head injury (e.g., lethargy, irritability, change in consciousness, difficulty walking or talking)
- Recent burns
- Possible broken bones
- A child with abdominal pain, abdominal bruising, or other reason to suspect abdominal trauma
- A child with a recent ingestion of a toxic or illicit substance

**Non-urgent evaluations:** In the following situations, the child should be evaluated **within 48 hours, preferably by a child abuse medical expert\***:

- Any bruising in an infant who cannot “cruise” (walk holding onto objects)
- A concerning or absent explanation for an injury
- Pattern bruise marks (e.g., loop marks)
- Any other suspicious bruises
- Healing burns (eg, from a cigarette, iron)

\*If unable to refer directly to a child abuse medical expert, a physician with expertise in evaluating suspected child abuse or neglect, photographs should be obtained for later review. Information on locating child abuse medical experts in Maryland can be located at: <http://mdchamp.org/resources/locating-champ-providers>.

## **CHILD NEGLECT**

There are many circumstances when the assessment and management of child neglect can be enhanced with medical consultation by a physician specialist in child abuse and neglect.

Unless a child demonstrates an altered mental status or a clearly urgent medical condition, an assessment by a physician expert is usually not urgent. The following are circumstances for which expert medical consultation is recommended:

- CPS report for medical neglect (e.g., failure/delay to seek medical care, failure to adhere to recommendations for evaluation or treatment)
- Neglect in children with a chronic disease or condition
- Neglect in children with a disability or mental health problem
- Supervisory neglect related to injuries, ingestions, fatalities
- Growth concerns – e.g. failure to thrive, severe obesity
- Concerns of dental neglect

For assistance or questions, please contact CHAMP Program Manager, Leslie Fitzpatrick, LCSW-C: [lfitzpatrick@peds.umaryland.edu](mailto:lfitzpatrick@peds.umaryland.edu) or 410-706-5176, or visit: [www.mdchamp.org](http://www.mdchamp.org).



## **2011 Needs Assessment Findings**

### **Maryland counties' processes, strengths, challenges, and needs in response to suspected child maltreatment**

#### **EXECUTIVE SUMMARY**

In recognizing the crucial need to include medical expertise in the evaluation of child abuse and neglect, The Maryland Child Abuse and Neglect Initiative was established in 2005 when the Maryland General Assembly enacted Health General Article §§ 13-2201-2206, Annotated Code of Maryland. The Initiative was renamed Maryland CHAMP in 2008.

With support from The Department of Health and Mental Hygiene, Center for Maternal and Child Health, CHAMP strives to help ensure child maltreatment medical expertise in every Maryland jurisdiction, assisting in the comprehensive evaluation of, and response to, child abuse and neglect.

CHAMP faculty provide ongoing consultation and training to professionals working in the field of child maltreatment statewide. In addition, CHAMP medical professionals across the state collaborate as members of multidisciplinary teams, providing medical evaluations, training of other professionals, record reviews, court testimony, phone consultations and recommendations in care planning for children and families.

In 2011, CHAMP conducted a statewide needs assessment to learn about each Maryland County's medical resources for helping assess and address child maltreatment. CHAMP's Program Manager spoke with key informants statewide, representing Child Protective Services, state's attorney's offices, Law Enforcement, health departments, local medical experts, and child advocacy centers, as well as pediatricians, family practitioners, nurses and other allied professionals, such as family advocates, mental health professionals and hospital representatives.

#### **DATA COLLECTION**

There were seven methods utilized for collecting information:

- In-person interviews of county representatives (in a group format)
- In-person interviews of county representatives (one on one)
- One on one interviewing over the telephone
- Requesting and receiving information via email
- Reviewing June 2011 reporting data from the Maryland DHR Website
- Reviewing county government Websites
- Collecting population data from the U.S. Census Bureau Website



## STATEWIDE NEEDS

While each jurisdiction is unique with regard to its strengths, as well as its challenges, there were some needs that presented frequently across the state. These needs are listed below.

1. Increased understanding of child neglect and how to respond.
2. Delineated and consistent guidelines on when to refer a child for a maltreatment medical evaluation.
3. Training in child maltreatment is urgently needed across the state and across disciplines. Many counties specifically highlighted the need for additional training resources for CPS and law enforcement professionals, as well as other professionals. Many counties do not have funding for training. Some of the training topics requested include:
  - Forensic interviewing of children
  - Medical report terminology
  - Recognizing and responding to possible maltreatment
  - How to speak with children regarding possible maltreatment
  - Basics of physical abuse
  - Basics of sexual abuse
  - Basics of neglect
  - Recognizing possible maltreatment, for front line responders (such as Emergency Medical Technicians), primary care physicians, school staff, etc.
  - Knowing the resources of child advocacy centers (CACs)
4. Follow up with families and professionals on recommendations for children who have received child maltreatment medical consultations, to ensure recommendations were implemented.
5. Greater access to mental health services in general and, specifically:
  - Greater access to psychiatric consultative services for children
  - Offender-specific treatment for youth who have committed sexual offenses
  - Providers specifically trained to work with children
  - Trauma informed care for children
6. Increased resources for addressing child maltreatment; many areas across the state indicated a need for more professionals in one or more of the following fields: Child Protective Services, law enforcement, mental health and medical.
7. More resources needed to help prevent child maltreatment.

## CHAMP RESPONSE

CHAMP continues to develop a statewide network of medical professionals who are expert in child maltreatment. These professionals collaborate in the comprehensive evaluation of and response to child abuse and neglect. The information gathered during this needs assessment provides insight into areas that need a prioritized response. Ongoing efforts to support professionals across the state are described below.

### 1. Child Maltreatment Training for CPS Workers

Child Maltreatment training for CPS workers presented as a common need statewide. CHAMP faculty conduct regular trainings, available to all DSS workers, through the Child Welfare Academy at the University of Maryland School of Social Work. Training topics include:

- Introduction to Basic Physical Abuse
- Introduction to Basic Sexual Abuse
- Introduction to Basic Neglect
- Failure to Thrive
- Advanced Issues in Physical Abuse, including Abusive Head Trauma
- Sexually Transmitted Infections
- Healthcare for youth in foster care
- Munchausen Syndrome by Proxy
- Child Behavior and Development
- Drug-exposed newborns
- Prevention of child maltreatment

### 2. Child Maltreatment Training for Law Enforcement

Training for Law Enforcement presented as a common need, statewide. In collaboration with the Maryland Police Correctional Training Commissions (MPCTC), and with the support from the Children's Justice Act Committee, in the Governor's Office of Crime Control and Prevention, CHAMP will be offering child maltreatment training for law enforcement officers, statewide in 2012. In addition to providing direct training for officers, CHAMP and the MPCTC will create a training DVD that will support local law enforcement trainers to provide ongoing basic child maltreatment training to officers within their own locales.

### 3. Primary Care Practitioner Training in Recognizing and Responding to Child Maltreatment

A concern shared across Maryland is that many local pediatricians and primary care physicians (PCPs) often do not recognize and/or know how to respond when concerns of child maltreatment present. CHAMP has begun an initiative to train PCPs in recognizing and responding to possible child maltreatment.

### 4. Child Maltreatment Medical Consultation Referral Guidelines

CHAMP Faculty have updated guidelines regarding when to seek medical consultation when concerns of child maltreatment arise. These guidelines will support law enforcement, Child Protective Services and other professionals in determining the need for a child maltreatment medical assessment. These guidelines

have been disseminated to professionals around the state who participated in this Needs Assessment and are being distributed on an ongoing basis to CAC representatives, law enforcement, CPS workers and other allied professionals. In addition, these guidelines can be accessed on the CHAMP Website, as well as in the attachments to this report.

## 5. Prevention

A proposal has been submitted to the Secretary of DHMH to develop a CHAMP prevention initiative. The proposal centers around an evidence supported model that would be implemented in pediatric primary care settings to help address prevalent risk factors for child maltreatment. Discussions are ongoing.

## 6. Mental Health Resources

A proposal was submitted to develop a CHAMP initiative to improve mental health resources for maltreated children in Maryland. DHMH are examining how they can bolster the existing system.

## 7. Medical Professionals in the Field of Child Maltreatment

CHAMP continues to recruit and train medical professionals to work in this field. CHAMP Faculty provide initial and ongoing training, at least three times annually, to medical professionals working in the field of child maltreatment. At this time, most counties have some medical expertise.

## **SUMMARY**

CHAMP's purpose in conducting this assessment was to learn how each jurisdiction approached the medical evaluation of children suspected of having been physically or sexually abused or neglected. CHAMP also hoped to learn about the areas of strength, challenge and need within each county and statewide. What CHAMP learned in this statewide assessment will influence CHAMP's next steps for collaborating in the care of children with suspected maltreatment across Maryland.

## **ACKNOWLEDGMENT**

CHAMP greatly appreciates the time and perspectives that county representatives shared in helping with the CHAMP Needs Assessment. CHAMP's Program Manager spoke with nearly 200 professionals across the state between March and October 2011. The rich information they provided is shared within the individual county portraits in the CHAMP Needs Assessment Findings.